

PART B—ISSUE FEE TRANSMITTAL

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Assistant Commissioner for Patents
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MAR 02 2000

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CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

HM22/1229

ROBERT A. FRANKS
SCHERING-PLOUGH CORPORATION
PATENT DEPARTMENT, K-6-1, 1990
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I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

Robert A. Franks

(Depositor's name)

(Signature)

February 18, 2000

(Date)

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/920,611	08/27/97	018	BAWA, R	1615 12/29/99
First Named Applicant	BERRY,		35 USC 154(b) term ext. =	0 Days.

TITLE OF INVENTION CHLOROFLUOROCARBON-FREE MOMETASONE FUROATE AEROSOL FORMULATIONS

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEES DUE	DATE DUE
1 PD09586Q	424-045.000	G30	UTILITY	NO	\$1210.00	03/29/00

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Robert A. Franks

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE Schering Corporation

(B) RESIDENCE: (CITY & STATE OR COUNTRY)

Kenilworth, New Jersey

Please check the appropriate assignee category indicated below (will not be printed on the patent)

 individual corporation or other private group entity government

4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks):

 Issue Fee Advance Order - # of Copies _____

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The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

(Date)

Feb. 18, 2000

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03/03/2000 RTSEGAY1 00000014 190365 08920611

01 FC:142 1210.00 CH
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